

Buyer

## UNIVERSITY OF CONNECTICUT HEALTH CENTER

Telephone Number

Procurement Operations & Contracts

E-mail Address

263 Farmington Avenue, MC4036

Farmington, CT 06032-4036

Fax Number

<b>RFP NUMBER:</b>	<b>PROPOSAL DUE DATE:</b>	<b>PROPOSAL DUE TIME:</b>	<b>RFP SURETY:</b>
		EST	
<b>RFP TITLE:</b>			

**ADDENDUM NUMBER:** \_\_\_\_\_

**DATE ADDENDUM ISSUED:** \_\_\_\_\_

**FOR:** The University of Connecticut Health Center

**NOTE:**

---



---



---



---



---



---



---

**This Addendum must be Signed & Returned with your proposal.**

\_\_\_\_\_  
*Authorized Signature of Proposer*

\_\_\_\_\_  
*Company Name*

**Approved By:** \_\_\_\_\_

[ \_\_\_\_\_ ]

Buyer

*(Original Signature on Document in Procurement Files)*

UConn Health - UCHC4-119313461 on BPCI-A Analytic Software Services Vendor			
Question #	UConn Health RFP Section	Supplier Question	UConn Health Response
1	UCHC RFP-11 Form, Note	"Please see revised RFP-05 Scope and Response Spreadsheet. The Components section has been revised to include "BPCI Advanced" and "Lower Joint Replacement". This version should be used to submit your response. This addendum is nine (9) pages in length, the remainder of pages are included herein by reference." <b>Could you confirm the nine (9) pages are referring to the one (1) page of the RFP-11 Form and eight (8) pages of the RFP-05 Scope and Response Spreadsheet?</b>	Correct. The signed addendum cover page shall be included with the proposer response. The revised spreadsheet (8 pages) included with the addendum shall be used to prepare and submit your response.
2	UCHC RFP-08 Form, Instructions	For instructions on how to upload the documents, please view the following: <a href="http://das.ct.gov/images/1090/Upload%Instructions.pdf">http://das.ct.gov/images/1090/Upload%Instructions.pdf</a> . <b>Receiving HTTP Error 400. The request URL is invalid. Last attempted: 6/14/2019 12:19PM EST. Could you kindly include the relevant information in forthcoming RFP-12 (Addendum Q &amp; A) or as separate Addendum to be shared with Bidders via email?</b>	Please use the link included on the RFP-03 Proposer's Checklist - see page 2 - <a href="https://www.biznet.ct.gov/AccountMaint/Login.aspx">https://www.biznet.ct.gov/AccountMaint/Login.aspx</a> . Questions regarding uploading the forms should be directed to the contact email noted on the bottom of the Biznet Welcome log-on screen.
3	UCHC RFP-10 Form, Business Associate Agreement	Entirety of Business Associate Agreement (BAA). <b>Could you confirm which Business Associate Agreement (BAA) we should review? UCHC RFP-10 Form or the BAA attached as an Exhibit to UCHCFC Terms and Conditions document?</b>	The UCHC RFP-10 Business Associate Agreement must be signed and submitted with the proposal. If your company has any requested revisions to the BAA language for UCH consideration, any requested revisions must be submitted on the Word UCHCFC Terms and Conditions document.
4	UCHCFC Terms and Conditions, Background Checks and Certifications	Contractor shall comply with applicable UConn Health policies and procedures regarding completion of background checks and/or certifications and shall pay all related fees. <b>Is UConn Health policies and procedures referring to RFP-08 (Affidavits and Certifications) - non discrimination and opm ethics forms?</b>	All employees, students, contractors and vendors are required to wear a UConn Health identification badge visibly whenever entering a UConn Health facility and throughout your stay. If your services will require an on-campus presence, your employee(s) will need to submit background check form and pay a fee, currently \$75 per person. If the services do not require an onsite presence, background checks and identification badges are not a vendor requirement.
5	UCHC RFP-05 Scope and Response Spreadsheet, E1	Proposer acknowledges that it has received and reviewed the sample purchase order and/or standard contract included with this RFP. <b>Could you clarify the form or exhibit where the sample purchase order was included? Similarly for the standard contract, or is the standard contract referring to UCHCFC Terms and Conditions document?</b>	The UCHCFC Terms and Conditions will be used in any formal agreement with the awarded supplier. Any requested revisions to this document must be included in the proposer's response to this RFP.
6	UCHC RFP-05 Scope and Response Spreadsheet, Proposer Price Response, Item 8	Components Section, Item 8 "BPCI Advanced" <b>Our company would like to offer UConn Health multiple pricing options for BPCI Advanced, particularly as it relates to analytics subscription fees and shared risk.</b>	A monthly fee/cost for BPCI Advanced is expected to be completed for the pricing section of the response spreadsheet, however, Proposers may include pricing options as an exhibit to their response.
7	UCHC RFP-05 Scope and Response Spreadsheet, Proposer Price Response, Item 9	Could you define the scope of "Lower Joint Replacement"? We do not see a Section for the same in "2. Scope of Work Requirements and Questions for Proposer".Components Section, Item 8 "Lower Joint Replacement" <b>Could you define the scope of "Lower Joint Replacement"? We do not see a Section for the same in "2. Scope of Work Requirements and Questions for Proposer".</b>	<b>The following shall be included as part of Section 2 - Scope or Work Requirements and Questions for Proposer. Responses shall be included as an Exhibit to your response.</b> <b>Lower Joint Replacement</b> (1) What is your experience and savings history with developing bundled payment arrangements for total lower joint replacement procedures, i.e., hips and knees? (2) How do you organize resources in support of successful program execution? (3) How do you monitor success metrics? (4) Describe your patient identification and bundle prediction capabilities. (5) Can you predict DRGs/bundles when a triggering event occurs? (6) How has your organization enabled its partners to redesign care to improve patient outcomes? (7) What workflow and decision support tools do you provide for discharge planning, next site of care decisions and post-acute patient management? (8) How does your platform support the tracking of patient progress in post-acute settings, including unaffiliated sites? (9) What are your success rates and tools used for readmission prevention? (10) How are these tools administered in post-acute settings?